GAS SAFETY CERTIFICATE

This form can be used as a Landlord's gas safety certificate

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198324 Enter Company Registration Number

Engineer [redacted]

Gas Safe [redacted]

Engie Office Address 14A ENDCLIFFE AVE SHEFFIELD S10 3EA

Contract Number SHORE COUNT FLATS

Customer Name

Site Address SHORE LANE SHEFFIELD

Postcode S10 3BW

Received By ON ONS Signature

Landlords Details If Different

Name

Address

Postcode

Rented Accommodation YES/NO

App	Landlords appliance Yes/No	Service Inspection Repair	Appliance Details: Location	Type	Model	Serial Number	Burner Manufacturer	Flue Type (OF/RS/FL)
1	YES	SERVICE	PLANT ROOM	WATER HEATER 1 -26kW	CWH 60/200	1734008911	ANDREWS	RS
2	YES	SERVICE						
3								
4								

General Safety Checks	Result	General Safety Checks	Result
Gas booster/compressor operating correctly (Yes /No/NA)	NA	Flue termination satisfactory (Yes/No/NA)	YES
Is there a current gas installation line diagram at primary meter (Yes/No/NA)	YES	Has a tightness test been carried out from local isolation valve (Yes/No/NA)	YES
Is the meter installation correct (Yes/No)	YES	Is gas pipework electrically bonded (Yes/No)	YES
Gas installation pipework adequately supported (Yes/No)	YES	Are adequate emergency isolation valves fitted (Yes/No)	YES
Gas installation pipework sleeved and sealed as appropriate (Yes/No)	YES	Are emergency valve handles in place and labelled (Yes/No)	YES
Is gas pipework colour coded or identified (Yes/No/NA)	YES	Do valves fall to the correct position (Yes/No)	YES
Is flue system installed in accordance with standards (Yes/No)	YES	Area clear of combustible materials (Yes/No)	YES

Ventilation			
Low level free area cm² ~~or ventilation flow rate l/s/ st m³/h~~	Actual 2352	Required (Calculated)	RS
High level free area cm² ~~or ventilation flow rate l/s/ st m³/h~~	Actual 2688	Required (Calculated)	RS
All ventilation grills clear and unobstructed (Yes/No) YES	Fans and/or flue interlocks operating correctly (Yes/No/NA)		NA

Details of any faults	Remedial Action Taken	Comments and calculations

Appliance Checks	~~App 1 or~~ App 1 High	~~App 2 or~~ App 1 Low	~~App 3 or~~ App 2 High	~~App 4 or~~ App 2 Low
Flue flow test satisfactory (Yes/No/NA)	NA	NA	NA	NA
Spillage test satisfactory (Yes/No/NA)	YES	YES	YES	YES
Air/Gas switch operating correctly (Yes/No/NA)	NA	NA	NA	NA
Flame proving devices operating correctly (Yes/No/NA)	YES	YES	YES	YES
Burner lock out time (seconds)				
Temperature and limit thermostats operating correctly (Yes/No)	YES	YES	YES	YES
Heat net input rating data (kW)	36	12	56	12

	~~App 1 or~~ App 1 High	~~App 2 or~~ App 1 Low	~~App 3 or~~ App 2 High	~~App 4 or~~ App 2 Low
Gas burner pressure (mbar) or heat input kW/h required	18	18	18	18
Gas burner pressure (mbar) or heat input kW/h measured	20	21	20	21
Gas rating measured (kW/h / NA) Gross	30.4	6.62	30.4	6.62
Air/gas ratio control setting (%/NA)	NA	NA	NA	NA
Net flue gas temperature (gross less ambient) (°C)	47.8	35.3	45.3	33.6
Oxygen (O_2 %)	5.9	6.4	5.8	6.2
Carbon Monoxide (CO)(ppm)	46	6	57	32

	~~App 1 or~~ App 1 High	~~App 2 or~~ App 1 Low	~~App 3 or~~ App 2 High	~~App 4 or~~ App 2 Low
Carbon Dioxide (CO_2) (%)	8.6	8.3	8.7	8.4
Excess Air (%)	38.8	43.6	37.6	33.6
CO/CO_2 Ratio	0.0006	0.0000	0.0007	0.0004
Gross Efficiency (%)	101.3	106.7	102.6	107.3
CO flue dilution (ppm)	NA	NA	NA	NA
Standing pressure (mbar)	24	24	24	24
Working pressure (mbar)	20	21	20	21
Is appliance safe for use (Yes/No)	YES		YES	
Has a warning advice notice been raised (No or Warning notice Ser No or No's)	NO			
Test Instrument	KANE			
Test Instrument serial number				

Worksheet No (if used)	
Checked by (office use)	
Entered on database	

Declaration of gas safety - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and use) regulations, standards and procedures.

Date	
Signature	

Distribution: White - Customer, Yellow - Service Centre, Pink - Site, Green - Engineer